

PROFESSIONAL BEHAVIOR COUNSELING RECORD

Student's Name: Steve N

Date of counseling: December 14, 1998

Date of incident: November and December 1999

✓	Reason for Counseling	Explanation (use back of form if more space is needed):
	Integrity	<i>This counseling session was in response to the two Professional Behavior</i>
✗	Empathy	<i>Evaluations file by Instructors Cox and Jones. They both indicated that</i>
	Self - Motivation	<i>Steve has been disruptive in classes (see attached)</i>
	Appearance/Personal Hygiene	
✗	Self - Confidence	
✗	Communications	
	Time Management	
✗	Teamwork and Diplomacy	
✗	Respect	
	Patient Advocacy	
	Careful delivery of service	

Follow-up (include specific expectations, clearly defined positive behavior, actions that will be taken if behavior continues, dates of future counseling sessions, etc.):

● Student was advised that his behavior is inappropriate and unacceptable.
Continuation of this behavior will result in dismissal from class.

● Written warning from program director.

● Instructors Cox and Jones to complete Professional Behavior Evaluations
bi-weekly throughout next semester

M. Travis

-Faculty signature

I have read this notice and I understand it.

Steve R.

-Student signature

Dr. O'Hara

-Administrative or Medical Director Review

Sample